

PESACH MACHZORIM ORDER FORM

Name _____

Address _____

Home phone _____

Email _____



Quantity _____ Total Cost _____

_____ at \$28 per machzor \$ _____

_____ at \$108 for 4 machzorim \$ _____

Please return completed form with payment to the Business Office or to David Hornung.

Make check payable to JEC Elmora Avenue Shul.

On the memo line of the check please write "machzorim"

INSCRIPTION